**FILED** 

**Secretary of State** 

03-31-1999 90021 009 \*\*\*150.00

Mar 31, 1999 8:00 am

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9700005269

1. Corporation Name

WORK 'N GEAR CORP.

Principal Place of Business Mailing Address							
555 TURNPIKE STREET 555 TURNPIKE STREET CANTON MA 02021 CANTON MA 02021						DO NOT INDITE IN THIS SPACE	
						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed	
	·····					09/19/1997 4. FEI Number Applied For	
2. Principal Place of Business 2a. Mailing Address							
21 26 5.00 And 4.00						04-3128706   Not Applical \$8.75 Additional	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22				_		5. Certificate of Status Desired  Fee Required	
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees	
Zip	Country	Zip	Co	untry	1	8. This corporation owes the current year Intangible	
24	25	29	30			Personal Property Tax.	
	9. Name and Address of Currer		-1 1.	Τ		10. Name and Address of New Registered Agent	
				81	Name		
C T CORPORATION SYSTEM				82	Street Add	dress (P.O. Box Number is Not Acceptable)	
1200 SOUTH PINE ISLAND ROAD				02	Street Add	diess (F.O. Box (40)) beins 18 1400 Acceptable)	
PLANTATION FL 33324				83			
	Brone of Falling			84	City	FL 85 Zip Code	
office or re agent, I ar	to the provisions of Sections 607.050 egistered agent; or both, in the State m familiar with, and accept the obligations are sections.	of Florida. Such change was a	authonze	id by	the comporat	poration submits this statement for the purpose of changing its registere tion's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable. (NOT	E: Registere	d Age	nt signature requir	red when reinstating) DATE	
12.	OFFICERS AND DIRECTORS 13			•	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.17	TTLE		☐ Change ☐ Add	
NAME	OSBORNE, ROGER		1.2 N	IAME			
STREET ADDRESS	555 TURNPIKE STREET		1.3 5	TREE	TADORESS		
CITY-ST-ZIP	0,011011 02021		CITY-S	T- ZIP			
TITLE		☐ DELETE	☐ DELETE 2.11		İ	Change Add	
NAME	WEINSTEIN, ALAN		2.2	VAME			
STREET ADDRESS	AND THE PROPERTY ATTEMPT		2.3 5	STREE	T ADDRESS		
CITY-ST-ZIP			CITY S	ST-ZIP			
TITLE	S	☐ DELETE	3.1 1	MLE		Change Add	
NAME	BEAUDOUIN, MARK	• •	3.21	VAME		•	
STREET ADDRESS	555 TURNPIKE STREET		3.3 9	STREE	TADDRESS		
	CANTON MA 02021		1,,,	city (	T 710		

6.4 CITY-ST-ZIP **BOSTON MA 02108** CITY-ST-ZIP 14. I hereby certify that the information supplied with indicated on this annual report or suppliemental an officer or director of the corporation or the ecover Block 12 or Block 13 if dianged, or on an attachm this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inpual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an error trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

4.1 TITLE

. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

□ DELETE

☐ DELETE

□ DELETE

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

ROSENBERG, PHILIP G

555 TURNPIKE STREET

555 TURNPIKE STREET

BERKSHIRE PARTNERS/1 BOSTON PLACE

CANTON MA 02021

BAKER, SHERMAN

CANTON MA 02021

CLIFFORD, J C

SIGNATURE AND TYPED OR P NITED NAME OF SIGNING

Change

Change

Change

Addition

☐ Addition

Addition